

# EMS EBOLA SCREENING QUESTIONNAIRE AND RESPONSE TOOL

## ASK EVERY PATIENT

DO YOU HAVE AT LEAST ONE OF THE FOLLOWING SYMPTOMS?

- + Fever or chills
- + Headache, joint or muscle aches
- + Weakness or fatigue
- + Stomach pain, diarrhea or vomiting
- + Abnormal bleeding

YES

DURING THE PAST 21 DAYS (3 WEEKS) HAVE YOU:

- + Traveled to a country in West Africa (Guinea, Liberia, Senegal or Sierra Leone)?
- + Had contact with a person known or suspected of having Ebola?

YES

NO

## PROVIDE CARE

- + PPE appropriate to patient presentation
- + Assessment and care according to protocol

## IMMEDIATELY

- + Establish blood and body fluid precautions
- + Inform the receiving facility that patient screened positive for Ebola
- + If possible, avoid invasive procedures or those likely to cause blood or body fluid splatter (IV, airway, suctioning, nebulized medications)

## FOLLOW-UP

- + Report to the Southern Nevada Health District Office of Epidemiology at 702-759-1300 (Option2)